Electronic Medical Interpretation

REPORT

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Patient: XXXXX XXXXXXXX
Date of Birth: XX/XX/XXXX
Patient ID: XXXXXX
Referring Practitioner: XXXXXX

Scan Date: 8/4/2010
Report Ref: XXXXXX
Report Type:
Thermographer: Jorgen Skjoldemose Hansen CCT

Reported By: Matt Sullivan MD

All normal protocols were observed

HISTORY AND SUBJECTIVE COMPLAINTS:

23 year old young man who for 4 months has had a swollen lymph on right side of his neck.
There is a soft knot the size of a walnut sitting on the right side of the thyroid down to the clavicle. MRI and a subsequent biopsy show cell activity but found no answer on whether it is benign or malignant.
Patient wants a thermal evalution but has no pain or other symptoms.

THERMOGRAPHIC INTERPRETATION:

Asymmetric thermal activity is noted at the lower anterior neck, right side. This appears related to the lump in question and is consistent with a degree of inflammatory and/ or vascular activity. As such, further assessment of some sort (surgical exploration, if feasible) is recommended.

Delineation of the right carotid pattern is appreciated. This may correspond to a degree of systemic inflammation/ elevated CRP levels.

DISCUSSION:
Thermography cannot provide a definitive assessment/ diagnosis but findings are concerning for an infectious or possibly a neoplastic process.

FOLLOW-UP:
Suggest clinical correlation of thermal findings with patient's history and symptoms.

PROCEDURE:
This patient was examined with digital infrared thermal imaging to determine if asymmetrical thermal findings indicate abnormal physiology.

Thermography is a physiologic test which demonstrates thermal patterns in skin temperature that may be normal or which may indicate pain, injury, disease or other abnormality. If abnormal heat patterns are identified relating to a specific region of interest or function, clinical correlation and further investigation may be necessary to assist your health care provider in diagnosis and treatment.

Thermal imaging is an adjunctive test which contributes to the process of differential diagnosis, and is not independently diagnostic of pathology.

PROTOCOLS:
The thermographer certifies that this exam was conducted under standard and clinically acceptable protocols.

PATIENT HISTORY:
The interpretation represents objective descriptions of thermal patterns. Clinical significance of such patterns is interpreted in relation to and limited by the patient data and history provided.

REPORTING:

Results are reported by certified thermologists. Results are determined by studying the varying patterns and temperature differentials as recorded in the thermal images.

NORMAL FINDINGS:
Normal findings are diffuse thermal patterns with good symmetry between similar regions on both sides of the body. Comparative imaging may identify specific asymmetries that have remained stable and unchanged over time and therefore regarded as normal.

ABNORMAL FINDINGS:
Abnormal findings may be localized areas of hyperthermia or hypothermia, or thermal asymmetry between similar regions on both sides of the body with temperature differentials of more than 1° C. There may be vascular patterns that suggest pathology. Comparative imaging may identify specific changes or new asymmetries that warrant further investigation.

COLD STRESS:
If a cold stress test was performed to evaluate the sympathetic response to a suspicious thermal pattern, the results are interpreted as follows:

Positive:
A positive result will demonstrate no thermal change to the suspicious pattern and concurrent normal physiologic responses in other areas of the body, particularly the contralateral parallel region.

Negative:
A negative result will demonstrate normal physiologic thermal responses in all areas of the body including the suspicious pattern.

Results of cold stress testing should not be considered conclusive or diagnostic.

The referring health care provider should contact the EMI administrator with any questions relating to this interpretive report.

This Report is intended for use by trained health providers to assist in evaluation, diagnosis, and treatment. It is not intended for use by individuals for self-evaluation or self-diagnosis. This Report does not provide a diagnosis of illness, disease or other condition.

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THERMOGRAMS

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Date of Birth: XX/XX/XXXX
Patient ID: XXXXXX
Referring Practitioner: XXXXXX

Scan Date: 8/4/2010
Report Ref: XXXXXX
Report Type: ROI
Thermographer: Jorgen Skjoldemose Hansen CCT

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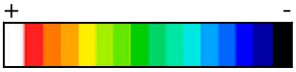
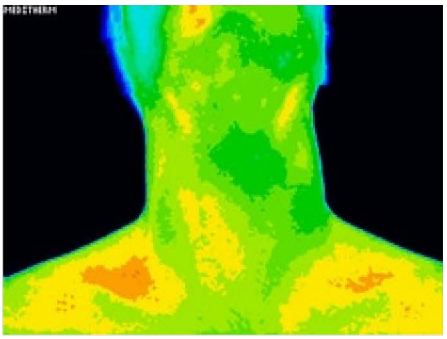


thermograms @ standard 8° C color range



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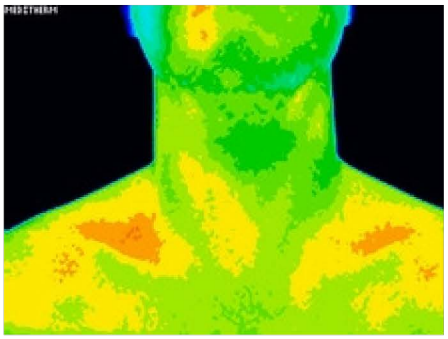

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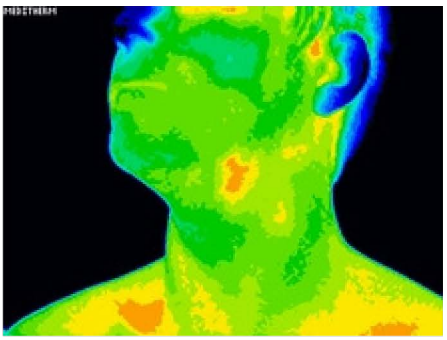

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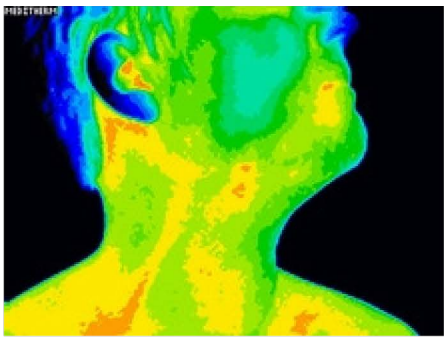

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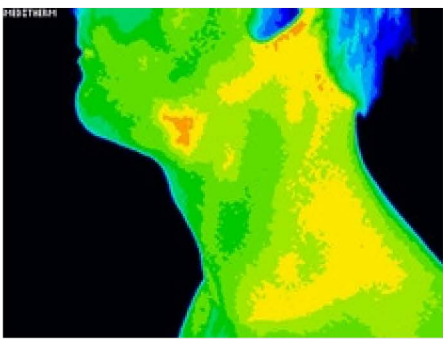

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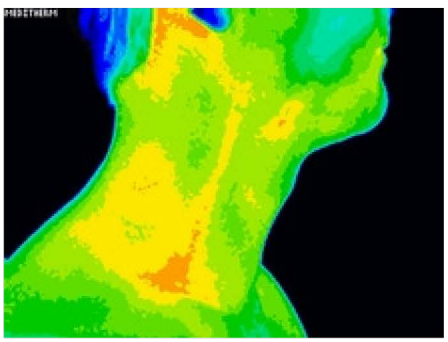

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